

<i>SERFF Tracking Number:</i>	<i>CEUL-127071743</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Family Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>48201</i>
<i>Company Tracking Number:</i>	<i>FTRML11</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Family Protection Select Term Life</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Family Life Insurance Company

Product Name: Family Protection Select Term Life SERFF Tr Num: CEUL-127071743 State: Arkansas

TOI: L04I Individual Life - Term SERFF Status: Closed-Approved- Closed State Tr Num: 48201

Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium Co Tr Num: FTRML11 State Status: Approved-Closed

Filing Type: Form
 Author: Scott Gadd
 Date Submitted: 03/09/2011
 Reviewer(s): Linda Bird
 Disposition Date: 03/24/2011
 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval
 State Filing Description: Implementation Date:

General Information

Project Name:	Status of Filing in Domicile: Authorized
Project Number:	Date Approved in Domicile: 02/22/2011
Requested Filing Mode: Review & Approval	Domicile Status Comments: Our State of Domicile is Texas.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 03/24/2011
	State Status Changed: 03/24/2011
Deemer Date:	Created By: Scott Gadd
Submitted By: Scott Gadd	Corresponding Filing Tracking Number:
Filing Description:	
Please see Cover Letter in Supporting Documentation.	

Company and Contact

Filing Contact Information

Scott Gadd, Compliance Technician sgadd@manhattanlife.com

SERFF Tracking Number: CEUL-127071743 State: Arkansas
 Filing Company: Family Life Insurance Company State Tracking Number: 48201
 Company Tracking Number: FTRML11
 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: Family Protection Select Term Life

Project Name/Number: /

10700 Northwest Freeway 800-669-9030 [Phone] 5107 [Ext]
 Houston, TX 77092 713-821-6551 [FAX]

Filing Company Information

Family Life Insurance Company CoCode: 63053 State of Domicile: Texas
 10700 Northwest Freeway Group Code: 1117 Company Type:
 Houston, TX 77092 Group Name: Manhattan Insurance State ID Number:
 Group
 (800) 877-7705 ext. [Phone] FEIN Number: 91-0550883

Filing Fees

Fee Required? Yes
 Fee Amount: \$150.00
 Retaliatory? No
 Fee Explanation: \$50/form, rider
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Family Life Insurance Company	\$150.00	03/09/2011	45414933

SERFF Tracking Number:	CEUL-127071743	State:	Arkansas
Filing Company:	Family Life Insurance Company	State Tracking Number:	48201
Company Tracking Number:	FTRML11		
TOI:	L04I Individual Life - Term	Sub-TOI:	L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
Product Name:	Family Protection Select Term Life		
Project Name/Number:	/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	03/24/2011	03/24/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	03/11/2011	03/11/2011	Scott Gadd	03/22/2011	03/22/2011

SERFF Tracking Number: *CEUL-127071743*

State: *Arkansas*

Filing Company: *Family Life Insurance Company*

State Tracking Number: *48201*

Company Tracking Number: *FTRML11*

TOI: *L04I Individual Life - Term*

Sub-TOI: *L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium*

Product Name: *Family Protection Select Term Life*

Project Name/Number: */*

Disposition

Disposition Date: 03/24/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CEUL-127071743 State: Arkansas
 Filing Company: Family Life Insurance Company State Tracking Number: 48201
 Company Tracking Number: FTRML11
 TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -
 Fixed/Indeterminate Premium

Product Name: Family Protection Select Term Life

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Cover Letter		Yes
Supporting Document	Guaranty Association Notice		Yes
Supporting Document	Regulation 19 Certification		Yes
Form (revised)	Term Life Insurance Policy		Yes
Form	Term Life Insurance Policy	Replaced	Yes
Form	Additional Insured's Level Term Insurance Rider		Yes
Form	Insured's Spouse's Level Term Insurance Rider		Yes
Form	AR-Notice		Yes

SERFF Tracking Number: CEUL-127071743 State: Arkansas
Filing Company: Family Life Insurance Company State Tracking Number: 48201
Company Tracking Number: FTRML11
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Family Protection Select Term Life
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 03/11/2011
Submitted Date 03/11/2011
Respond By Date 04/11/2011

Dear Scott Gadd,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue. Please review your procedures and assure us that you are in compliance.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Please refer to policy General Provisions under the Suicide provision. After the incontestable period expiration you may not restart upon reinstatement. Review Ark. Code Ann. 23-81-115(a)(2)(E).

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

SERFF Tracking Number: CEUL-127071743 State: Arkansas
Filing Company: Family Life Insurance Company State Tracking Number: 48201
Company Tracking Number: FTRML11
TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Family Protection Select Term Life
Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 03/22/2011
Submitted Date 03/22/2011

Dear Linda Bird,

Comments:

Thank you for your assistance with this filing.

Response 1

Comments: 1. The Required Notice has been attached under the Form Schedule.
2. Reg. 19 Certification has been attached under Supporting Documentation.
3. The Guaranty Notice has been attached under Supporting Documentation.
4. The provision has been amended.

Related Objection 1

Comment:

Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue. Please review your procedures and assure us that you are in compliance.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Please refer to policy General Provisions under the Suicide provision. After the incontestable period expiration you may not restart upon reinstatement. Review Ark. Code Ann. 23-81-115(a)(2)(E).

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Guaranty Association Notice

Comment:

Satisfied -Name: Regulation 19 Certification

SERFF Tracking Number: CEUL-127071743 State: Arkansas

Filing Company: Family Life Insurance Company State Tracking Number: 48201

Company Tracking Number: FTRML11

TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: Family Protection Select Term Life

Project Name/Number: /

Comment:

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Term Life Insurance Policy	FTRML11-AR		Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		50.000	FTRML11-AR.pdf
Previous Version							
Term Life Insurance Policy	FTRML11		Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		50.000	FTRML11.pdf
AR-Notice	AR-Notice		Other	Initial			AR-Notice.pdf

No Rate/Rule Schedule items changed.

I apologize for the lack of oversight.

Sincerely,
Scott Gadd

SERFF Tracking Number: CEUL-127071743 State: Arkansas

Filing Company: Family Life Insurance Company State Tracking Number: 48201

Company Tracking Number: FTRML11

TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: Family Protection Select Term Life

Project Name/Number: /

Form Schedule

Lead Form Number: FTRML11

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	FTRML11-AR	Policy/Cont Term Life Insurance ract/Fratern Policy al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.000	FTRML11-AR.pdf
	FAITR11	Policy/Cont Additional Insured's ract/Fratern Level Term al Insurance Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52.000	FAITR11.pdf
	FSPTR11	Policy/Cont Insured's Spouse's ract/Fratern Level Term al Insurance Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		56.300	FSPTR11.pdf
	AR-Notice	Other AR-Notice	Initial			AR-Notice.pdf

FAMILY LIFE INSURANCE COMPANY

Home Office: [Houston, TX]

Administrative Office: [10700 Northwest Freeway, Houston, TX 77092]
[(800) 877-7705]

When You die while this Policy is in force, We will pay the Face Amount to Your Beneficiary. Such payment will be reduced by any due and unpaid Premium.

We will increase such payment by:

1. The amount of any Premiums paid for periods beyond the policy month in which You die; and
2. The amount of any benefits provided by any Rider which is a part of this Policy.

TWENTY DAY RIGHT TO EXAMINE THIS POLICY

This Policy is a legal contract between the Owner and Us. READ IT CAREFULLY. The Owner has the right to return this Policy to Us at Our Administrative Office or to the representative who delivered it within 20 days after it was received. If returned, We will cancel this Policy and return any Premium paid. The Owner and We will then be in the same position as if no Policy had been issued.

In Witness Whereof FAMILY LIFE INSURANCE COMPANY has caused this Policy to be executed at its Administrative Office in [Houston, TX] to take effect on the Policy Date.

<div data-bbox="297 1020 341 1201" data-label="Text">[</div> <div data-bbox="362 1050 647 1150" data-label="Text"></div> <div data-bbox="349 1201 565 1262" data-label="Text">[Mary Lou Rainey Secretary]</div>	<div data-bbox="971 1058 1247 1134" data-label="Text"></div> <div data-bbox="1015 1201 1179 1262" data-label="Text">[Dan George President]</div> <div data-bbox="1282 1020 1326 1201" data-label="Text">]</div>
--	---

TERM LIFE INSURANCE POLICY

LEVEL TERM RENEWABLE TO AGE 95. Convertible to Age 70. Insurance payable in the event of death before the Expiry Date. Premiums payable as shown in the Policy Schedule. Non-Participating. Annually Renewable after initial term until age 95 as provided in this Policy. Premium for Initial Term Period guaranteed as shown in the Policy Schedule.

This policy is a legal contract between the Company and the Owner. Please read it carefully. We want You to understand the coverage it provides.

Policy Contents

Policy Schedule	3
Table of Guaranteed Maximum Annual Premiums per \$1,000	4
Definitions	5
Brief Description	5
Premium Payment and Reinstatement of Lapsed Policy	5
Premium Adjustment Provision	6
Period During Which Coverage is Provided	6
Conversion Option	6
Beneficiary Provisions	7
Payment of Proceeds	7
General Provisions	7
Settlement Options	8

When writing to the Family Life Insurance Company, please include this Policy number, the Insured’s full name, and the Owner’s name and current address.

POLICY SCHEDULE

Annual Premium for Initial Term Period
[\$xxx.xx] *

Initial Term Period
[10; 15, 20; 25; 30] Years

Owner:
[Doe, John E.]

Policy Date:
[March 1, 2003]

Expiry Date:
[March 1, 2033]

Issue Age:
[35 Male]

Policy No.:
[12345678]

Premium Class:
[Preferred; Standard]

Underwriting Class:
[Nicotine; Non- Nicotine]

THIS POLICY

INSURES

[John E. Doe]

PROVIDES A BENEFIT OF

[\$100,000 - \$3,000,000
in increments of \$10,000]
Face Amount

OPTIONAL RIDERS

RIDER BENEFIT	RIDER AMOUNT	RIDER ANNUAL PREMIUM
Accidental Death Benefit (Insured Only)	[Minimum: Lesser of Policy Face Amount and \$250,000; Maximum: \$250,000]	[\$XX.XX]
Children's Insured Benefit [Mary Doe]	[1 – 10 Units]	[\$XX.XX]
Additional Insured Term Rider [Suzie Smith] Initial Term Period Expiry Date	[\$100,000 - \$1,000,000 in increments of \$10,000] [X Years (same as Initial Term Period for Policy)] [March 1, 2068 (same as Expiry Date for Policy)]	[\$XX.XX] during Initial Term Period for Rider
Spouse Term Rider [Jane Doe] Initial Term Period Expiry Date	[\$100,000 - \$1,000,000 in increments of \$10,000] [X Years (same as Initial Term Period for Policy)] [March 1, 2068 (same as Expiry Date for Policy)]	[\$XX.XX] during Initial Term Period for Rider
Waiver of Premium Rider		[\$XX.XX]

TOTAL PREMIUM DUE FOR POLICY AND ALL ATTACHED RIDERS

Annual [\$xxx.xx] *	Semi-Annual [\$xx.xx] *	Quarterly [\$xx.xx] *	Monthly [\$xx.xx] *
------------------------	----------------------------	--------------------------	------------------------

BENEFICIARY: As specified in the application unless changed as provided in this Policy.

*Includes \$[60-100] Annual Policy Fee

TABLE OF GUARANTEED MAXIMUM ANNUAL PREMIUMS PER \$1,000

Applicable after the Initial Term Period shown on the Policy Schedule

The Premiums shown below are per \$1,000 Face Amount shown in the Policy Schedule.

Attained Age	Male		Female		Attained Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine		Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
28	[\$4.32	\$6.12	\$3.51	\$4.26	61	41.82	75.78	27.48	40.08
29	4.32	6.18	3.60	4.44	62	46.26	82.77	29.94	43.17
30	4.32	6.30	3.72	4.65	63	51.33	90.96	33.03	47.34
31	4.41	6.51	3.81	4.83	64	57.06	99.42	36.69	51.99
32	4.50	6.72	3.93	5.04	65	63.39	108.87	40.65	57.21
33	4.65	7.05	4.05	5.25	66	70.20	118.71	44.91	62.37
34	4.83	7.44	4.26	5.58	67	77.58	129.03	49.23	67.74
35	5.07	7.89	4.41	5.82	68	85.50	139.65	53.58	72.60
36	5.31	8.43	4.68	6.27	69	94.14	150.96	58.23	78.06
37	5.64	9.12	5.01	6.84	70	103.89	163.44	63.60	83.85
38	6.00	9.90	5.37	7.47	71	116.73	177.27	70.02	91.35
39	6.42	10.80	5.79	8.19	72	127.68	192.99	77.97	100.65
40	6.87	11.82	6.24	9.00	73	142.32	210.69	87.66	111.99
41	7.41	13.02	6.78	9.99	74	158.76	229.98	99.06	125.22
42	7.95	14.25	7.32	10.92	75	176.40	251.31	111.96	139.92
43	8.58	15.66	7.86	11.88	76	195.18	273.30	126.12	155.76
44	9.21	17.13	8.40	12.84	77	214.92	295.56	141.33	172.38
45	9.96	18.81	8.97	13.83	78	235.41	317.73	157.59	189.69
46	10.77	20.49	9.57	14.85	79	257.16	340.47	175.35	208.23
47	11.64	22.32	10.23	15.93	80	281.01	364.77	195.36	228.78
48	12.57	24.24	10.95	17.04	81	307.56	391.23	218.28	252.00
49	13.62	26.40	11.70	18.24	82	337.56	420.60	244.77	278.52
50	14.73	28.68	12.57	19.62	83	371.37	453.09	275.28	308.61
51	16.05	31.32	13.50	21.00	84	408.33	487.47	309.09	343.95
52	17.58	34.26	14.55	22.56	85	447.60	522.60	346.14	379.26
53	19.29	37.62	15.78	24.39	86	488.40	557.34	385.74	419.37
54	21.27	41.40	17.04	26.25	87	530.37	591.18	428.13	458.01
55	23.46	45.42	18.39	28.20	88	572.67	628.11	472.83	501.69
56	25.89	49.77	19.77	30.15	89	615.87	664.56	520.53	543.21
57	28.47	54.27	21.15	32.01	90	660.57	701.07	571.17	591.03
58	31.26	59.07	22.47	33.75	91	707.52	738.36	625.74	642.00
59	34.41	64.05	23.88	35.55	92	758.25	777.99	685.80	697.62
60	37.92	69.57	25.53	37.53	93	814.89	828.90	754.20	760.65
					94	886.95	894.45	837.93	837.93]

Guaranteed Maximum Annual Premiums do not include \$[60-100] annual policy fee.

DEFINITIONS

In this Policy:

You, Your - The Owner of this Policy.

We, Us, Our, the Company - Family Life Insurance Company.

The Insured – The person whose life is insured under this Policy, as shown in the Policy Schedule.

Age – The Insured's age on his last birthday.

Lapse - Termination of this Policy for nonpayment of Premiums.

Policy Anniversary - The same day and month as Your Policy Date for each succeeding year Your policy stays in force.

Premium - The amount paid for coverage under this Policy.

Proceeds – The amount We are obligated to pay under the terms of this policy when the Insured dies.

Rider -An attachment to this Policy which provides additional benefits.

BRIEF DESCRIPTION

This Policy provides term life insurance to the Expiry Date as shown in the Policy Schedule. The amount of insurance is the Face Amount shown on the Policy Schedule. This Policy also provides for conversion to other plans of insurance offered by Us. Additional benefits, if any, are provided by Rider as shown on the Policy Schedule.

This is a brief description. The insurance is fully described in the various provisions of this Policy.

PREMIUM PAYMENT AND REINSTATEMENT OF LAPSED POLICY

Premiums - To keep this Policy in force, each Premium must be paid in advance. All Premiums must be paid at Our Administrative Office or to an Agent or cashier authorized by Us. We will issue a receipt signed by one of Our officers on request. The initial Premium is due on or before the Policy Date. Subsequent Premiums are payable while You are living and within the Grace Period, but not beyond the Expiry Date. If any Premium remains unpaid after the Grace Period, this Policy will Lapse. If a part of the Premium ceases to be payable under the provisions of a Rider, the Premium will be reduced accordingly. The frequency of Premium payment may be changed on any Policy Anniversary to any other frequency shown on Page 3.

Re-Classification Based on Nicotine Use Change – If the Insured is nicotine-free for at least 12 consecutive months, You may request a re-classification from a nicotine use class to a non-nicotine use class by completing a request form required by Us and by meeting Our underwriting criteria for re-classification in use at the time of this request.

Grace Period - We will allow a period of 31 days after the Premium due date for payment of each Premium after the first. During the Grace Period, no interest will be charged on the Premium due. If You die during the Grace Period before the Premium is paid, the portion of the Premium required to provide insurance from the Premium due date to the date of Your death will be deducted from the proceeds of this Policy.

Lapse – This Policy will Lapse if the Premium is not paid by the end of the Grace Period. We will mail a notice to the Owner's last known address and that of any assignee on Our records at least 30 days prior to Lapse. If this Policy Lapses, it will have no value.

Policy Date - The Policy Date will be used to determine the Premium due dates, policy anniversaries and policy years. The Policy Date is shown on Page 3.

Unearned Premium Refund – Upon cancellation of this Policy by the Owner, We will refund the unearned Premiums for the remainder of the term for which Premiums have been paid.

Reinstatement of a Lapsed Policy - If this Policy Lapses, it may be reinstated subject to the following conditions:

1. An application for reinstatement must be completed by You within 5 years of the date of Lapse and before the Expiry Date.
2. You must prove at Your own expense that You continue to be insurable by Our standards.
3. You must pay all Premiums due with interest at the rate of 6% compounded annually at the time of reinstatement.
4. The reinstated Policy will be incontestable after it has been in force during Your lifetime for two years from the date of reinstatement. Any contest to the reinstated policy will be based on material misstatements made in the application for reinstatement.

PREMIUM ADJUSTMENT PROVISION

The initial Premium is guaranteed not to change during the Initial Term Period shown on Page 3. This Premium is shown on Page 3. The Guaranteed Maximum Annual Premiums after the Initial Term Period are shown on Page 4. We may charge less, but will never charge more. We will inform the Owner before each policy year begins of the amount of the annual Premium for that policy year.

PERIOD DURING WHICH COVERAGE IS PROVIDED

The Initial Term Period begins on the Policy Date. The Initial Term Period does not include or extend beyond the Expiry Date shown in the Policy Schedule. This Policy may be renewed annually thereafter without evidence of insurability upon payment, within the Grace Period, of the Premium based on Your attained age at the time of renewal. Subject to the payment of Premiums as due, this Policy will remain in force between the Policy Date and the Expiry Date.

CONVERSION OPTION

While this Policy is in force, and before You attain age 70, You may convert it to any other plan of life insurance that We offer in Your rate class, except term, at the date of conversion. You must request conversion in writing. The initial Premium for the new plan must be at least equal to the Premium for this Policy at the time of conversion. The following rules will apply:

1. The face amount of the new policy may not be less than Our published minimum for the plan selected. It may not be greater than the Face Amount of this Policy. At least one plan will be available for conversion of the Face Amount of this Policy.
2. The date of the new policy will be the date of conversion.
3. The Premium for the new policy will be at Our published rate for the plan selected at the time of conversion. We will use Your age on the date of conversion to determine this rate. The new policy will be issued at the class of risk of this Policy. No evidence of insurability will be required for the new policy.
4. Riders may be added to the new policy if the Riders to be added are available at Your age on the date of conversion. Evidence of insurability must be furnished for Riders not similar to a Rider attached to this Policy.
5. This conversion privilege shall not apply while the Premiums for this Policy are being waived under any Rider for Waiver of Premium.
6. The suicide provision for the converted policy shall be measured from the original Policy Date of this policy.

BENEFICIARY PROVISIONS

Who Receives the Proceeds - Any proceeds payable because of Your death will be paid to the Beneficiary. Unless changed as provided below, the Beneficiary will be as stated in the application.

If the Beneficiary Dies - The interest of any Beneficiary who dies before You will terminate at his death. If the interest of all designated Beneficiaries has terminated, all proceeds, upon the death of the Insured, will be paid to the Owner of this Policy. If the Owner is not living at that time, all proceeds will be paid to the Owner's estate. If any Beneficiary dies within 15 days of Your death, We will pay the proceeds as though that Beneficiary died before You.

How to Change a Beneficiary - The Owner may change the Beneficiary by filing a written notice with Us. A change of Beneficiary will not be effective until We record it at Our Administrative Office. When recorded, even if You are not then living, the change will take effect on the date the notice was signed. Any proceeds paid before We record a change of Beneficiary will not be subject to change. An irrevocable Beneficiary may not be changed without that Beneficiary's written consent.

PAYMENT OF PROCEEDS

Proof of Death - If the Insured dies while this Policy is in force, We will pay the proceeds to the Beneficiary. We agree to pay the Proceeds upon receiving due proof of death of the Insured and proper written claim. We will pay interest on the Proceeds at the current rate, unless a higher rate is required by Your state of residence, if payment is not made within the statutorily allowed time period. Appropriate forms for giving Us proof of Your death will be made available to Your Beneficiary on request. All payments by Us are payable at Our Administrative Office in United States currency.

Premium Adjustment at Death - Any portion of a paid Premium which applies to a period beyond the date of Your death will be added to the proceeds of this Policy. Premiums waived under any disability Rider attached to the Policy will not be included in this adjustment.

GENERAL PROVISIONS

Incontestability of the Policy - We cannot contest this Policy after it has been in force during Your lifetime for two years from the Policy Date, except for the nonpayment of Premiums. If this Policy is reinstated, this provision will be measured from the reinstatement date and any contest will be based only on the statements in the reinstatement application. This provision does not apply to any Rider providing benefits specifically for disability or death by accident.

Amount Payable is Limited in the Event of Suicide - If You die by suicide within two years from the Policy Date, Our liability will be limited to the amount of Premiums paid.

Misstatement of Age or Sex in the Application - If Your age or sex has been misstated, We will pay the amount of insurance that the Premiums would have purchased had Your age and sex been correctly stated.

Entire Contract - The Entire Contract consists of this Policy, the attached application, **and** attached Riders and endorsements. All statements in the application are considered representations and not warranties.

Policy Changes - Changes in this Policy may only be made by a rider or endorsement signed by one of Our officers.

No agent has the authority to change this Policy in any way.

Owner of the Policy - You are the Owner of this Policy unless a different Owner is stated in the application. If a different Owner is stated, such designation will remain in effect until the Owner changes it. If the Owner dies before You, the ownership rights belong to his or her estate. During Your lifetime, only the Owner will be entitled to the rights granted by this Policy.

Assignment of the Policy - This Policy may be assigned. We are not responsible for the validity of any assignment. When an assignment is filed with Us in duplicate and We have recorded it at Our Administrative Office, the Owner's rights and those of any irrevocable Beneficiary will be subject to it. Any assignment is subject to any action taken by Us before We receive and record it.

Nonparticipation – This Policy does not participate in the distribution of Our surplus. As a result, no dividends will be paid under this Policy.

Basis of Reserves - Reserves are calculated based on the 2001 Commissioners Standard Ordinary Mortality Table, Male or Female with distinction for smoker or nonsmoker and an interest rate of 4.0% per annum. A detailed method of computing reserves has been filed with the Insurance Department of the state where this Policy is delivered. All reserves are at least equal to those required by the laws of such State.

SETTLEMENT OPTIONS

GENERAL POLICY SETTLEMENT PROVISIONS

PAYMENT OF POLICY PROCEEDS. If the Policy proceeds are less than \$5,000, We will pay them to the Beneficiary in one sum. If the Policy proceeds are \$5,000 or more, We will pay them to the Beneficiary in one sum, unless one of the optional methods of Policy settlement is chosen. If any payment under an option would be less than \$50, We may make payments less frequently so that each payment is at least \$50.

CHOOSING AN OPTIONAL METHOD OF SETTLEMENT. At any time before the Insured's death, an optional method of Policy settlement may be chosen. If the Insured dies and an option has not yet been chosen, then the Beneficiary may choose an option. We must receive Written Notice informing Us of the option chosen. If the Beneficiary is an executor, administrator, trustee, corporation, partnership or association, the options are available only with Our consent.

FREQUENCY OF PAYMENTS. If Option 1, 2 or 3 is chosen, We will make payments every 1 year, 6 months, 3 months or 1 month. The frequency of payments must be specified at the time the option is chosen. If Option 4 or 5 is chosen, We will make payments every 1 month.

FIRST PAYMENT. Depending on the frequency of payments specified, the first payment under Option 1 is payable 1 year, 6 months, 3 months or 1 month from the date of the Insured's death. The first payment under any other option is payable upon receiving due proof of the Insured's death.

If the amount that could be purchased by a single premium of \$1,000 at Our regular annuity rates in effect at the time the first installment is payable is larger than the amount of the first monthly installment for each \$1,000 applied under Option 3, 4 or 5, We will pay the larger amount as the benefit under the option. We will furnish this amount upon request.

DEATH OF BENEFICIARY. At the Beneficiary's death, We will pay the amounts below in one sum to the Beneficiary's estate, unless We are directed otherwise at the time the option is chosen:

1. Under Option 1, the amount which was left on deposit with Us to accumulate with interest plus any unpaid interest.
2. Under Option 2, 3 or 5, the commuted value of the amount payable at the Beneficiary's death as provided under the option chosen. The commuted value will be based on interest at the rate which would have been used to compute the first installment of the installments remaining to be paid at the Beneficiary's death.

PROTECTION AGAINST CREDITORS. Unless provided otherwise at the time an option is chosen, the Beneficiary may neither commute, anticipate, assign, alienate nor otherwise encumber any payment under an option. Payments under any option are exempt from the claims of creditors and from legal process to the extent the law permits.

SETTLEMENT AGREEMENT. In exchange for this Policy, We will issue a settlement agreement stating the terms of the option chosen.

ADDITIONAL INTEREST EARNINGS. We may pay interest earnings beyond those guaranteed in Options 1 and 2. If We do, We will determine the amount of the additional interest earnings and how they are paid.

OPTIONAL METHODS OF POLICY SETTLEMENT

OPTION 1 - INTEREST PAYMENTS. We will hold the Policy proceeds as principal and pay the interest to the Beneficiary. The interest rate will be 3% per year compounded annually. We will pay the interest every 1 year, 6 months, 3 months or 1 month, as specified at the time this option is chosen. At the death of the Beneficiary, We will make payment as stated in "Death of Beneficiary."

OPTION 2 - INSTALLMENTS OF A SPECIFIED AMOUNT. We will pay the Policy proceeds to the Beneficiary in equal installments every 1 year, 6 months, 3 months or 1 month. The amount of the equal installment payments and the frequency of payments must be specified at the time this option is chosen. After each payment, We will add interest to that portion of the Policy proceeds applied under this option which has not yet been paid as installments. The interest rate will be 3% per year compounded annually. Installments will be paid to the Beneficiary until the amount applied under this option, including interest, is exhausted. The total of the installments paid each year must be at least 5% of the proceeds applied under this option. If the Beneficiary dies before the amount applied is exhausted, We will pay the unpaid installments as stated in "Death of Beneficiary."

OPTION 3 - INSTALLMENTS FOR A SPECIFIED PERIOD. We will pay the Policy proceeds in equal installments to the Beneficiary for the number of years specified at the time this option is chosen. Payments will be made every 1 year, 6 months, 3 months or 1 month, as specified at the time this option is chosen. The amount of the equal installments for each \$1,000 applied under this option is shown in the following table. These amounts are calculated at an interest rate of 3% per year compounded annually. If the Beneficiary dies before the number of years specified ends, We will pay the unpaid installments as stated in "Death of Beneficiary."

Number of years Specified	Amount of Installments		Number of Years Specified	Amount of Installments		Number of Years Specified	Amount of Installments	
	Annual	S.A.		Annual	S.A.		Annual	S.A.
1	\$1,000.00	\$503.70	8	\$138.31	\$67.67	15	\$81.33	\$40.96
2	507.39	255.57	9	124.69	62.81	16	77.29	38.93
3	343.23	172.89	10	113.82	57.33	17	73.74	37.14
4	261.19	131.56	11	104.93	52.85	18	70.59	35.56
5	211.99	106.78	12	97.54	49.13	19	67.78	34.14
6	179.22	90.27	13	91.29	45.98	20	65.26	32.87
7	155.83	78.49	14	85.95	43.29			

Number of years Specified	Amount of Installments		Number of Years Specified	Amount of Installments		Number of Years Specified	Amount of Installments	
	Quarterly	Monthly		Quarterly	Monthly		Quarterly	Monthly
1	\$252.78	\$84.47	8	\$34.96	\$11.68	15	\$20.56	\$6.87
2	128.26	42.86	9	31.52	10.53	16	19.54	6.53
3	86.76	28.99	10	28.77	9.61	17	18.64	6.23
4	66.02	22.06	11	26.52	8.86	18	17.84	5.96
5	53.59	17.91	12	24.66	8.24	19	17.13	5.73
6	45.30	15.14	13	23.08	7.71	20	16.50	5.51
7	39.39	13.16	14	21.73	7.26			

OPTION 4 - LIFE ANNUITY. We will pay equal monthly installments to the Beneficiary for as long as he lives. The amount of each installment for each \$1,000 applied under this option is shown in the table below. The values in the table are based on the Annuity 2000 Mortality Table at 3% interest.

Age* of Beneficiary	Option 4 Monthly Life Annuity		Age* of Beneficiary	Option 4 Monthly Life Annuity	
	Male	Female		Male	Female
16 and under	\$2.92	\$2.85	51	\$4.15	\$3.89
17	2.94	2.87	52	4.22	3.95
18	2.95	2.88	53	4.30	4.01
19	2.97	2.90	54	4.38	4.08
20	2.99	2.91	55	4.46	4.15
21	3.00	2.93	56	4.55	4.23
22	3.02	2.94	57	4.65	4.31
23	3.04	2.96	58	4.75	4.40
24	3.06	2.97	59	4.86	4.49
25	3.08	2.99	60	4.98	4.59
26	3.10	3.01	61	5.10	4.69
27	3.13	3.03	62	5.23	4.80
28	3.15	3.05	63	5.37	4.92
29	3.17	3.07	64	5.52	5.04
30	3.20	3.09	65	5.69	5.18
31	3.23	3.12	66	5.86	5.32
32	3.26	3.14	67	6.04	5.47
33	3.28	3.17	68	6.24	5.64
34	3.32	3.19	69	6.45	5.82
35	3.35	3.22	70	6.67	6.01
36	3.38	3.25	71	6.90	6.21
37	3.42	3.28	72	7.16	6.44
38	3.46	3.31	73	7.43	6.68
39	3.50	3.34	74	7.71	6.94
40	3.54	3.38	75	8.02	7.22
41	3.58	3.41	76	8.35	7.52
42	3.63	3.45	77	8.70	7.85
43	3.67	3.49	78	9.08	8.21
44	3.72	3.53	79	9.48	8.60
45	3.78	3.57	80	9.91	9.02
46	3.83	3.62	81	10.37	9.47
47	3.89	3.67	82	10.86	9.96
48	3.95	3.72	83	11.38	10.50
49	4.01	3.77	84	11.94	11.07
50	4.08	3.83	85	12.54	11.69

*Use the Beneficiary's age on the date of the Insured's death.

OPTION 5 - LIFE ANNUITY WITH 10 YEAR PERIOD CERTAIN. We will pay equal monthly installments to the Beneficiary for as long as he lives with a period certain of 10 years. If the Beneficiary dies before the period certain ends, the period certain installments which have not been paid will be paid as stated in "Death of Beneficiary." The amount of the equal monthly installments is shown in the table below. The amounts shown are for each \$1,000 applied under this option. The values in the table are based on the Annuity 2000 Mortality Table at 3% interest.

Age* of Beneficiary	Option 5 Life Annuity with 10 Year Period Certain		Age* of Beneficiary	Option 5 Life Annuity with 10 Year Period Certain	
	Male	Female		Male	Female
16 and under	\$2.92	\$2.85	51	\$4.11	\$3.87
17	2.93	2.87	52	4.18	3.93
18	2.95	2.88	53	4.25	3.99
19	2.97	2.89	54	4.33	4.06
20	2.98	2.91	55	4.41	4.13
21	3.00	2.92	56	4.49	4.20
22	3.02	2.94	57	4.58	4.28
23	3.04	2.96	58	4.68	4.36
24	3.06	2.97	59	4.78	4.45
25	3.08	2.99	60	4.88	4.54
26	3.10	3.01	61	4.99	4.63
27	3.12	3.03	62	5.10	4.73
28	3.15	3.05	63	5.23	4.84
29	3.17	3.07	64	5.35	4.95
30	3.20	3.09	65	5.48	5.07
31	3.22	3.11	66	5.62	5.20
32	3.25	3.14	67	5.77	5.33
33	3.28	3.16	68	5.92	5.47
34	3.31	3.19	69	6.07	5.62
35	3.34	3.22	70	6.23	5.78
36	3.38	3.24	71	6.39	5.94
37	3.41	3.27	72	6.56	6.11
38	3.45	3.30	73	6.73	6.29
39	3.49	3.34	74	6.90	6.48
40	3.53	3.37	75	7.08	6.67
41	3.57	3.41	76	7.25	6.86
42	3.62	3.44	77	7.43	7.06
43	3.66	3.48	78	7.61	7.26
44	3.71	3.52	79	7.78	7.46
45	3.76	3.57	80	7.95	7.66
46	3.81	3.61	81	8.11	7.86
47	3.87	3.66	82	8.27	8.05
48	3.92	3.71	83	8.42	8.23
49	3.98	3.76	84	8.56	8.40
50	4.05	3.81	85	8.69	8.55

*Use the Beneficiary's age on the date of the Insured's death.

FAMILY LIFE INSURANCE COMPANY

Home Office: [Houston, Texas]

Administrative Office: [10700 Northwest Freeway, Houston, TX 77092]
[(800) 877-7705]

LEVEL TERM RENEWABLE TO AGE 95. Convertible to Age 70.

Insurance payable in the event of death before the Expiry Date. Premiums payable as shown in the Policy Schedule. Non-Participating. Annually Renewable after initial term until age 95 as provided in this Policy. Premium for the Initial Term Period guaranteed as shown in the Policy Schedule.

FAMILY LIFE INSURANCE COMPANY

Home Office: [Houston, TX]

Administrative Office: [10700 Northwest Freeway, Houston, TX 77092]

[(800) 877-7705]

ADDITIONAL INSURED'S LEVEL TERM INSURANCE RIDER

This Rider is made a part of the Policy to which it is attached provided coverage is in force with respect to the Insured. It is issued in consideration of the statements made in the application and the payment, in advance, of the first premium shown in the application. The terms of the Policy also apply to this Rider which are not inconsistent with the terms of this Rider.

EFFECTIVE DATE

The Effective Date of this Rider is the Policy Date of the Policy to which this Rider is attached.

BENEFIT

The Company will pay the benefit provided by this Rider upon receipt of due proof that the Additional Insured died while this Rider was in force.

ADDITIONAL INSURED

Additional Insured means the person named in the application as the Additional Insured.

BENEFICIARY

The Beneficiary of this Rider is the Insured, if living. Otherwise, the beneficiary is the estate of the primary Insured.

PREMIUMS

The Initial Premium for this Rider is guaranteed not to change during the Initial Term Period shown on the Policy Schedule. The Guaranteed Maximum Annual Premiums after the Initial Term Period are shown on Page 4 of the Policy. We may charge less but will never charge more. We will inform the Owner of the Policy before each Rider year begins of the amount of the annual Premium for this Rider for that Rider year.

CHANGE IN BENEFIT AMOUNT

Any time after the first policy year and upon written request, the benefit amount may be decreased. A decrease will be effective on the premium due date on or next following receipt of the request by the Company. The benefit amount may not be decreased to an amount less than \$100,000. Decreases in the benefit amount will change the Premium. Increases in the benefit amount may not be made.

CONVERSION

The insurance on the Additional Insured may be converted to a new policy on any premium due date prior to the earlier of the Policy Anniversary on which:

1. The policy Expiry Date occurs; or
2. The policy terminates for any other reason; or
3. The Additional Insured attains age 65.

The benefit converted, without evidence of insurability, may not be more than the benefit of this Rider at the time of conversion. The policy may be on any plan then being issued by the Company, except term insurance. The premium for the new policy will be based on the Additional Insured's attained age, gender and underwriting class on the conversion date.

The conversion will be made upon receipt of a written request. The new policy will not be effective until the Company receives the first premium for it. Riders may be included only with the Company's consent.

DEATH OF THE INSURED

If the Insured dies, the Additional Insured will have 31 days in which to convert this Rider, subject to all non-conflicting provisions in the Conversion section.

TERMINATION

This Rider will terminate on the earliest of the following dates:

1. The Expiry Date for this Rider shown in the Policy Schedule;
2. The first Policy anniversary following the Additional Insured's 95th birthday;
3. The date the Additional Insured converts to a new policy; or
4. The date the Policy is terminated for any reason; or
5. When any premium for this Rider is not paid before the end of the Grace Period; or
6. When You give Us a written request to do so.

INCONTESTABILITY

This Rider will be incontestable after it has been in force during the lifetime of the Additional Insured for two years from the Effective Date of this Rider.

SUICIDE OF ADDITIONAL INSURED

If the Additional Insured should die by suicide while sane or insane, within two years from the Effective Date of this Rider, the Rider Benefit will be limited to the return of premiums paid for this Rider.

GENERAL PROVISIONS

This Rider has no Cash Value.

Signed at the Administrative Office of the Company and effective on the same day as the Policy:



[Mary Lou Rainey, Secretary]



[Dan George, President]

FAMILY LIFE INSURANCE COMPANY
Home Office: [Houston, TX]
Administrative Office: [10700 Northwest Freeway, Houston, TX 77092]
[(800) 877-7705]

INSURED SPOUSE'S LEVEL TERM INSURANCE RIDER

This Rider is made a part of the Policy to which it is attached provided coverage is in force with respect to the Insured. It is issued in consideration of the statements made in the application and the payment, in advance, of the first premium shown in the application. The terms of the Policy also apply to this Rider which are not inconsistent with the terms of this Rider.

EFFECTIVE DATE

The Effective Date of this Rider is the Policy Date of the Policy to which this Rider is attached.

BENEFIT

The Company will pay the benefit provided by this Rider upon receipt of due proof that the Insured Spouse died while this Rider was in force.

INSURED SPOUSE

Insured Spouse means the legal spouse of the Insured named in the application as the spouse.

BENEFICIARY

The beneficiary of this Rider is the Insured, if living. Otherwise, the beneficiary is the estate of the primary Insured.

PREMIUMS

The Initial Premium for this Rider is guaranteed not to change during the Initial Term Period shown on the Policy Schedule. The Guaranteed Maximum Annual Premiums after the Initial Term Period are shown on Page 4 of the Policy. We may charge less but will never charge more. We will inform the Owner of the Policy before each Rider year begins of the amount of the annual Premium for this Rider for that Rider year.

CHANGE IN BENEFIT AMOUNT

Any time after the first policy year and upon written request, the benefit amount may be decreased. A decrease will be effective on the monthly calculation day on or next following receipt of the request by the Company. The benefit amount may not be decreased to an amount less than \$100,000. Decreases in the benefit amount will change the Premium. Increases in the benefit amount may not be made.

CONVERSION

The insurance on the Insured Spouse may be converted to a new policy on any premium due date prior to the earlier of the Policy Anniversary on which:

1. The policy Expiry Date occurs; or
2. The policy terminates for any other reason; or
3. The Insured Spouse attains age 65.

The Insured Spouse may also convert this insurance to a new policy within 60 days following the date the Insured Spouse is no longer a legal spouse of the Insured due to divorce or legal separation.

The benefit converted, without evidence of insurability, may not be more than the benefit of this Rider at the time of conversion. The policy may be on any plan then being issued by the Company, except term insurance. The premium for the new policy will be based on the Insured Spouse's attained age, gender and underwriting class on the conversion date.

The conversion will be made upon receipt of a written request. The new policy will not be effective until the Company receives the first premium for it. Riders may be included only with the Company's consent.

DEATH OF THE INSURED

If the Insured dies, the Insured Spouse will have 31 days in which to convert this Rider, subject to all non-conflicting provisions in the Conversion section.

TERMINATION

This Rider will terminate on the earliest of the following dates:

1. The Expiry Date for this Rider shown in the Policy Schedule;
2. The first Policy anniversary following the Insured Spouse's 95th birthday;
3. The date the Insured Spouse converts to a new policy; or
4. The date the Policy is terminated for any reason; or
5. When any premium for this Rider is not paid before the end of the Grace Period; or
6. The date the Insured Spouse is no longer a legal spouse of the Insured due to divorce or legal separation; or
7. When You give Us a written request to do so.

INCONTESTABILITY

This Rider will be incontestable after it has been in force during the lifetime of the Insured Spouse for two years from the Effective Date of this Rider.

SUICIDE OF INSURED SPOUSE

If the Insured Spouse should die by suicide while sane or insane, within two years from the Effective Date of this Rider, the Rider Benefit will be limited to the return of premiums paid for this Rider.

GENERAL PROVISIONS

This Rider has no Cash Value.

Signed at the Administrative Office of the Company and effective on the same day as the Policy:



Mary Lou Rainey, Secretary



Dan George, President]

FAMILY LIFE INSURANCE COMPANY
10700 Northwest Freeway
Houston, Texas 77092

IMPORTANT INFORMATION

If You have questions about Your Policy or a claim You have filed, please contact Your insurance company or Your agent:

FAMILY LIFE INSURANCE COMPANY
10700 Northwest Freeway
Houston, Texas 77092
(800) 877-7705

Agent: _____

Address: _____

Telephone: _____

If We at Family Life Insurance Company fail to provide You with reasonable and adequate service, You should feel free to contact the Arkansas Department of Insurance at:

Arkansas Department of Insurance
Consumer Services Division
1200 West Third Street
Little Rock, AR 72201-1904
Telephone: (501) 371-2640

SERFF Tracking Number: CEUL-127071743

State: Arkansas

Filing Company: Family Life Insurance Company

State Tracking Number: 48201

Company Tracking Number: FTRML11

TOI: L04I Individual Life - Term

Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Product Name: Family Protection Select Term Life

Project Name/Number: /

Supporting Document Schedules

Item Status:

Status
Date:

Satisfied - Item: Flesch Certification

Comments:

Attachment:

Readability Cert Term-AR.pdf

Item Status:

Status
Date:

Satisfied - Item: Application

Comments:

Attachment:

FL-LFAPP 0810.pdf

Item Status:

Status
Date:

Satisfied - Item: Statement of Variability

Comments:

Attachment:

Statement of Variability.pdf

Item Status:

Status
Date:

Satisfied - Item: Cover Letter

Comments:

Attachment:

Term Cover Letter-AR.pdf

Item Status:

Status
Date:

Satisfied - Item: Guaranty Association Notice

<i>SERFF Tracking Number:</i>	<i>CEUL-127071743</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Family Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>48201</i>
<i>Company Tracking Number:</i>	<i>FTRML11</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Family Protection Select Term Life</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Comments:

Attachment:

GAA Notice A.pdf

Item Status:

Status

Date:

Satisfied - Item: Regulation 19 Certification

Comments:

Attachment:

AR2-Term Life.pdf

F A M I L Y L I F E

CERTIFICATION

I, Mary Lou Rainey, Secretary for Family Life Insurance Company, hereby certify that the following form(s) has the following readability score as calculated by the Flesch Reading Ease Test set forth by your state, and meets the minimum reading ease requirements set forth by the state of Arkansas.

<u>FORM NUMBER</u>	<u>FORM NAME</u>	<u>READABILITY SCORE</u>
FTRML11	Term Life Policy	50.2
FAITR11	Additional Insured's Level Term Insurance Rider	52.0
FSPTR11	Insured Spouse's Level Term Insurance Rider	56.3

DATE: 3/9/2011

Mary Lou Rainey

Mary Lou Rainey, Secretary

Family Life Insurance Company
10700 Northwest Freeway
Houston, Texas 77092

Phone: 713-529-0045
Toll Free: 800-669-9030
Fax: 713-821-6551



FAMILY LIFE INSURANCE COMPANY

[Administrative Office: 10700 Northwest Freeway, Houston, Texas 77092]

PART I, Application for Life Insurance

1. Proposed Insured/Applicant (First, Middle, Last) up to 21 characters				2. Home Phone		3. Work Phone	
4. Address		City		State		Zip Code	
5. E-mail Address		6. Social Security #		7. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			
8. Date of Birth (Mo./Day/Yr.)	9. Age	10. Height ft. in.	11. Weight lbs.	12. Place of Birth (City, State, Country)			
13. Employer Name							
14. Employer Address		City		State		Zip Code	
15. Annual Salary	16. Years at current occupation	17. Occupation and Duties					
18. Owner's Name (if other than Proposed Insured/Applicant)*				19. Owner's Home Phone		20. Owner's Fax Number	
21. Owner's Address		City		State		Zip Code	
22. Owner's E-mail Address		23. Owner's Relationship to Insured		24. Owner's Social Security # or Tax ID #			
25. Plan of Insurance <input type="checkbox"/> Term Life (Family Protection Select) <input type="checkbox"/> Endowment Life (Family Protection Premier)		26. Requested Effective Date _____				27. Face Amount \$ _____	
28. Rate/Class of Insurance Requested (if available) <input type="checkbox"/> Preferred Non-Nicotine <input type="checkbox"/> Preferred Nicotine <input type="checkbox"/> Standard Non-Nicotine <input type="checkbox"/> Standard Nicotine Has any Proposed Insured used any tobacco products or nicotine products in any form within the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide name of Proposed Insured _____							
Term Life (Family Protection Select)							
29. Initial Term Period: <input type="checkbox"/> 10 Years <input type="checkbox"/> 15 Years <input type="checkbox"/> 20 Years <input type="checkbox"/> 25 Years <input type="checkbox"/> 30 Years		30. Optional Riders: <input type="checkbox"/> Waiver of Premium <input type="checkbox"/> ADB Amt. \$ _____ <input type="checkbox"/> Child Rider # of Units _____ <input type="checkbox"/> Additional Insured Term Rider \$ _____ <input type="checkbox"/> Spouse Term Rider \$ _____					
31. Premium Mode: <input type="checkbox"/> Monthly PAC <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Other _____				32. Modal Premium (w/Optional Riders): \$ _____			
Endowment Policy (Family Protection Premier)							
33. Payment Options: <input type="checkbox"/> Single Pay <input type="checkbox"/> 3 Pay <input type="checkbox"/> 5 Pay <input type="checkbox"/> 10 Pay <input type="checkbox"/> 20 Pay <input type="checkbox"/> Paid up at 65 <input type="checkbox"/> Continuous Pay		34. Optional Riders Not available for Single Pay, 3 Pay, 5 Pay or 10 Pay: <input type="checkbox"/> Waiver of Premium <input type="checkbox"/> ADB Amt. \$ _____ <input type="checkbox"/> Child Rider # of Units _____ <input type="checkbox"/> Primary Insured 20 Year Term Rider \$ _____ <input type="checkbox"/> Additional Insured 20 Year Term Rider \$ _____ <input type="checkbox"/> Spouse 20 Year Term Rider \$ _____					
35. Premium Mode other than single pay: <input type="checkbox"/> Monthly PAC <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Other _____				36. Modal Premium other than single pay (w/Optional Riders): \$ _____			
37. Automatic Premium Loan <u>other than single Pay</u>: The APL Option authorizes Family Life Insurance Company to pay premiums not paid by the end of the grace period by taking a loan against any available Loan Value under the Policy. If the available Loan Value is not sufficient to pay the premium then due, the policy may terminate. <input type="checkbox"/> Check here to include the Automatic Premium Loan (APL) Option.							
If Additional Insured Rider, Insured Spouse Rider or Child Rider, is desired please provide us with the information for each additional insured below:							
Name(s) of Other Proposed Insured(s)	Relationship	Social Security #	Date of Birth	Place of Birth	Height	Weight	Smoker/Non-Smoker
					ft. in.	lbs.	
					ft. in.	lbs.	
					ft. in.	lbs.	
					ft. in.	lbs.	
					ft. in.	lbs.	
Occupation and Duties <input type="checkbox"/> Additional Insured <input type="checkbox"/> Insured Spouse				Annual Income:			

*If designated Beneficiary is a Trust, enclose copy of the Trust

38. Beneficiary(ies) - If designated Beneficiary is a Trust, enclose copy of the Trust		If percentage shares are not given, they will be equal.		
Primary (Full Name)	Age	Relationship to Proposed Insured	% Share	
Contingent (Full Name)	Age	Relationship to Proposed Insured	% Share	
Information on Life Insurance Policies Now in Force				
39. Life Insurance Company	Policy #	Effective Date	Amt. of Life Ins.	Amt of Acc. Death
Life Insurance/Annuities Now In Force			\$	\$
or Application Currently Pending			\$	\$
If none, please check: <input type="checkbox"/>			\$	\$
40. Is the proposed insurance intended to replace or otherwise reduce in value an existing insurance or annuity policy? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes", give details in the Remarks/Special Requests. Also complete Replacement Form.				
Declaration of Insurability - ALL PROPOSED INSURED				YES NO
41. Has insurance ever been declined, postponed, rated or modified for any Proposed Insured or does any Proposed Insured have any application for life or health insurance pending in any company?				<input type="checkbox"/> <input type="checkbox"/>
42. Within the next two years, does any Proposed Insured intend to work, travel or reside outside of the country for more than 30 days?				<input type="checkbox"/> <input type="checkbox"/>
43. Has any Proposed Insured, within the past two (2) years, made, or does any Proposed Insured currently contemplate making any flights as a pilot, student pilot or member of a flight crew? (If yes, complete Aviation Questionnaire.)				<input type="checkbox"/> <input type="checkbox"/>
44. Has any Proposed Insured, within the past two (2) years, engaged in, or does any Proposed Insured currently intend to engage in parachuting, hang gliding, scuba diving, mountain climbing, spelunking, or organized racing? (If yes, complete Sports Questionnaire.)				<input type="checkbox"/> <input type="checkbox"/>
45. Has any Proposed Insured, within the past seven (7) years, been treated for or been advised by a medical professional to have treatment for or to reduce or discontinue intake of alcohol or prescription drugs? (If yes, complete Alcohol Usage Questionnaire or Drug Usage Questionnaire.)				<input type="checkbox"/> <input type="checkbox"/>
46. Has any Proposed Insured, within the past seven (7) years, used: heroin, morphine, marijuana, cocaine, barbiturates, amphetamines, hallucinogenic drugs or other narcotics which was not prescribed by a physician? (If yes, complete Drug Usage Questionnaire.)				<input type="checkbox"/> <input type="checkbox"/>
47. Has any Proposed Insured, within the past five (5) years, had a driver's license suspended or revoked? (If yes, provide details)				<input type="checkbox"/> <input type="checkbox"/>
48. Within the past three (3) years, has any Proposed Insured been convicted of driving while under the influence of drugs or alcohol? (If yes, provide details)				<input type="checkbox"/> <input type="checkbox"/>
49. Has any Proposed Insured been charged with but not convicted of the violation of any law, or fined more than \$200 for the violation of any law, in the past seven (7) years? (If yes, provide details)				<input type="checkbox"/> <input type="checkbox"/>
50. Has any Proposed Insured, within the past 7 years been diagnosed as having or been treated for or ever had medical advice for treatment of high blood pressure, cardiac disease or cardiac disorder, chest pain, stroke, brain disease, respiratory or pulmonary disease, cancer, tumors, cysts, leukemia, or pancreatic disorder, thyroid, adrenal, lymphatic or other glands, diabetes, sleep apnea, alzheimer's disease, kidney or liver disease including hepatitis, emotional problems, nervous system disease, psychiatric disease, circulatory disease, congenital defects, lupus, crohn's disease, blood disorders, digestive disorders, or intestinal, biliary or rectum disorders?				<input type="checkbox"/> <input type="checkbox"/>
51. Has any Proposed Insured ever been diagnosed as having, or been treated by a medical professional for, Acquired Immune Deficiency Syndrome (AIDS) or AIDS-Related Complex (ARC) or any immune deficiency related disorder or tested positive for antibodies to the HIV virus?				<input type="checkbox"/> <input type="checkbox"/>
52. Has any Proposed Insured ever been diagnosed or sought treatment for any disease or disorder or prescribed medication for a condition not listed above?				<input type="checkbox"/> <input type="checkbox"/>
53. Is any Proposed Insured currently taking any prescribed medication?				<input type="checkbox"/> <input type="checkbox"/>
54. Has any Proposed Insured consulted a physician, had tests performed such as an EKG, X-ray, blood test, or been hospitalized for any reason in the past five (5) years or been advised to have surgery which has not been completed?				<input type="checkbox"/> <input type="checkbox"/>
55. Is Business Insurance being applied for? (If yes, complete Business Insurance Questionnaire.)				<input type="checkbox"/> <input type="checkbox"/>
56. Please provide the full name, address and phone number of your personal physician, medical group or clinic that provides you with medical service. (If none, please check: <input type="checkbox"/>)				
Name		Phone Number		
Street Address	City	State	Zip Code	
WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.				

Please provide details for any "YES" answers, to include name(s) of Proposed Insured(s) diagnosis, dates, duration and names and addresses of all attending physicians and medical facilities. Use the section below to provide details.

Question #	Insured	Details

57. Driver's License Number(s):

Name of Proposed Insured	Driver's License Number	Country Issued

58. Has any of the Proposed Insured's immediate family relatives (parents/siblings) been diagnosed or received medical treatment for diabetes, cancer, cardiovascular disease or cerebrovascular disease (such as stroke or aneurysm)?

Insured? ☐ Yes ☐ No Additional Insured Rider? ☐ Yes ☐ No Spouse Rider? ☐ Yes ☐ No Child Rider? ☐ Yes ☐ No

59. Please provide us with information regarding any proposed insured's immediate family relatives (parents/siblings)

	Insured				Additional Insured Rider			
	Age if Living	Disease Listed Above	Cause of Death	Age at Death	Age if Living	Disease Listed Above	Cause of Death	Age at Death
Father								
Mother								
Brother or Sister								
Brother or Sister								
Brother or Sister								
Brother or Sister								
Number Living					Number Living			
Number Dead					Number Dead			

	Spouse Rider				Child Rider			
	Age if Living	Disease Listed Above	Cause of Death	Age at Death	Age if Living	Disease Listed Above	Cause of Death	Age at Death
Father								
Mother								
Brother or Sister								
Brother or Sister								
Brother or Sister								
Brother or Sister								
Number Living					Number Living			
Number Dead					Number Dead			

60. If our underwriting indicates that we cannot give you the lowest rate for the Plan of Insurance, will you consider a higher rate? ☐ ☐

PERSONAL STATEMENT - To be completed if amount applied for and in force with Family Life is over \$500,000

61. Personal Finances:

Total Assets \$	Total Liabilities \$	Net Worth \$	Income from Occupation \$	Income from Other Sources \$
--------------------	-------------------------	-----------------	------------------------------	---------------------------------

62. I have not and will not contribute any illegally obtained funds to the policy. _____ Initial
I hereby acknowledge that all funds shall be paid directly to Family Life either by check, wire, or credit card payment and that any funds given to any intermediary will be at my sole risk. _____ Initial

63. What is the purpose of this insurance?

64. Have you or your company ever filed for bankruptcy? ☐ Yes ☐ No If yes, provide full details (add additional sheets if necessary):

REMARKS/SPECIAL REQUESTS:

Additions and Corrections (for Home Office use only)

I/we represent to The Family Life Insurance Company (hereafter Family Life) that to the best of my knowledge and belief the statements made on this application are true, complete and correctly recorded. I/we agree that Family Life can rely on these statements. I/we agree that this application (a) shall consist of Part 1 and if required any medical exam form, any supplemental application, policy modification or acceptance form attached to, or incorporated herein by reference, or otherwise made a part hereof and (b) will be the basis for any policy issued on this application.

NO AGENT OR MEDICAL EXAMINER CAN WAIVE THE ANSWER TO ANY QUESTION IN THIS APPLICATION NOR DECIDE ON INSURABILITY NOR WAIVE ANY OF FAMILY LIFE'S UNDERWRITING REQUIREMENTS NOR MAKE OR CHANGE ANY CONTRACT. FAMILY LIFE SHALL HAVE NO KNOWLEDGE OF STATEMENTS MADE BY OR TO THE AGENT OR MEDICAL EXAMINER UNLESS SUCH STATEMENTS ARE SHOWN ON THE APPLICATION.

I/we agree that acceptance of a policy issued on this application includes any corrections, additions or changes made by Family Life in the "Additions and Corrections" Section of this application. However, I/we understand that the "Additions and Corrections" Section of the application will not be used to change the amount, age at issue, class of risks, benefits, premiums or plan of insurance unless such change is agreed to by me/us in writing.

I/we authorize any licensed physician, medical practitioner, hospital, clinic, pharmacy or pharmacy related facility or other medical related facility, insurance company, the MIB, Inc., other health care provider or governmental agency to provide Family Life Insurance Company or its reinsurers any and all medical records or knowledge, including entire medical records, to determine insurance and claim eligibility. This authorization will be valid for 30 months from the date signed. A photographic copy of this authorization shall be as valid as the original.

I/we acknowledge receipt of the Information Practices Notice and MIB, Inc. Pre-Notice.

I/we understand that disclosure of information to Family Life may subject the information to redisclosure in accordance with Family Life's privacy policy and MIB, Inc. rules. This authorization may be revoked at any time. Notice of revocation may be sent, in writing, to Family Life at its Administrative Office address. Revocation of this authorization may result in declining your application, and no policy issued.

Additionally, as the Applicant for the policy and the Proposed Insured, I hereby certify and acknowledge that this application is being submitted to Family Life at its Administrative Office, and that such application must be received, reviewed, evaluated, and underwritten there in accordance with Family Life's underwriting practices and policies, and that a policy of insurance must be issued there as agreed to by Family Life, and delivered to me while I am in good health, and with full payment by me of the required premium for the policy issued to me, before I will be insured as applied for and I further certify and acknowledge that all future payments of premiums for such insurance must be submitted to and received by Family Life in [Houston, Texas, U.S.A.], in order to maintain such policy in force in accordance with its terms and conditions.

REQUEST FOR OWNER'S SOCIAL SECURITY NUMBER AND CERTIFICATION

Certification - Under penalties of perjury, I, as the Owner, certify that the number shown on this form is my correct social security number (or I am waiting for a number to be issued to me)

If the first full modal premium is paid with this application, any insurance provided will be governed by the Conditional Receipt. If no money or less than the first full modal premium is paid with the application, no insurance will be provided unless all terms stated below are first met exactly and in full:

- (a) Payment of the first full modal premium is received by Family Life; and
- (b) All medical examinations, x-rays, tests, physician's statements and any other underwriting requirements of Family Life must be completed and received by Family Life; and
- (c) A policy issued hereunder has been delivered to the Owner.
- (d) At the time of policy delivery, there has been no change to the answers to any of the questions on the original application with respect to any of the Proposed Insureds. If any such change has occurred, it must be disclosed to Family Life, in writing, and prior to any coverage becoming effective, Family Life must be given the opportunity to perform additional underwriting, or notify the Proposed Insured/Owner, in writing, that no further underwriting is necessary and that the policy was in force as of the date of its initial delivery.

If a premium payment is received by Family Life and all of the requirements in (b) above are not completed and received by Family Life within 60 days from the date of this application, the application will be void and the premium will be returned. **If any Proposed Insured dies during the processing of this application and before all of the foregoing terms have been met, no insurance coverage will exist, and Family Life's only liability will be to refund premiums received, if any.**

Signature of Proposed Insured or Parent if Proposed Insured is under age 18

Signature of Owner/Trustee/Parent (if applicable)

Title/Relationship

Signature of Spouse

Signature of Additional Insured

City and State Signed

Date Signed

Witnessing Agent (required)

Agent Number

Date Signed

Agent Comments/Remarks:

Agent's Report

YES NO

Is the Proposed Insured covered under another life policy? ☐ YES ☐ NO

Do you have any knowledge or reason to believe the proposed insurance is intended to replace or otherwise reduce in value an existing insurance or annuity policy? (If Yes, explain in "Agent Comments/Remarks"). ☐ YES ☐ NO

At the time the application was completed, were each of the Proposed insured present? (If No, please explain in "Agent Comments/Remarks") ☐ YES ☐ NO

Did you personally see all of the Proposed Insureds at the time of their signing of this application? (If No, please explain in "Agent Comments/Remarks") ☐ YES ☐ NO

Did each Proposed Insured directly respond to each application question? ☐ YES ☐ NO

How long has the Agent known the Proposed Insureds? ☐ YES ☐ NO

I hereby certify that I have personally asked each question on this application to the Proposed Insured, that I have truly and accurately recorded on the application the information supplied by him/her, and that I have no reason to believe that any of the information provided is inaccurate or incomplete. If not, I have set forth my reservations in the "Agent Comments/Remarks" section above. I have no reason, knowledge, information or belief that any of the answers given above are not true and correct or that the Proposed Insured is not as reported above. In submitting this application to Family Life, I am acting as an independent Agent on behalf of the Proposed Insured.

Print Agent's Name Agent's Signature Agent Number

Phone Number Fax Number E-mail Address

Name(s) of Agent(s) to whom commissions are to be paid:

Name Agent # % Split Name Agent # % Split

Conditional Receipt

Received from _____ the sum of \$ _____ paid with an application to Family Life Insurance Company.

ALL CHECKS SHOULD BE MADE PAYABLE TO FAMILY LIFE INSURANCE COMPANY. DO NOT MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

The application bears the same date as the receipt.

We agree to insure each Proposed Insured person, according to the terms of the policy applied for, on the effective date defined below, subject to the following terms and conditions precedent:

1. Your payment at least equals the minimum initial premium for the coverage applied.
2. Your check is honored the first time it is presented for payment.
3. We receive the application within 30 days and all medical examinations or tests within 60 days of the date of this receipt.
4. We are satisfied that each Proposed Insured person was insurable and acceptable under our underwriting rules for the plan and amount of coverage exactly as applied for on the effective date, which is the latest of:
 - a. The date of the application;
 - b. The date of the latest medical examinations and tests required by our underwriting rules; or
 - c. The date, if any, specifically requested in the application.

Coverage under this receipt is also subject to these limitations:

1. The maximum amount payable under this receipt is the smaller of:
 - a. The amount of all death benefits applied for in the application, including any accidental or supplemental death benefits, if applicable; or
 - b. \$250,000, if any Proposed Insured person is age 0-59, less the amount of insurance benefits payable by us on the death of the Primary Insured under any other current applications and conditional receipts or
 - c. \$100,000, if any Proposed Insured person is Age 60 or older, less the amount of insurance benefits payable by us on the death of the Primary Insured under any other current applications and conditional receipts.
2. Coverage ends, without notice, on the earlier of 60 days from the effective date or the date of notification of approval, declination or cancellation of the application. The policy and insurance applied for will take effect on the date the application is approved. In no event will coverage under this receipt and under the policy issued under this application be effective at the same time.
3. Coverage is void in the event of death by suicide or self-inflicted injury, while sane or insane.
4. No agent is authorized to alter or waive any of the above conditions or any of Family Life's rights or requirements.
5. If any one of the conditions in this receipt is not fulfilled, our only liability is for the refund of any payment made.

I have read and understood the terms of the Conditional Receipt.

Dated this _____ day of _____, 20 _____

By: _____
Signature of Agent

Signature of Proposed Insured/Owner

Notice Information Practices, Including the Fair Credit Reporting Act Notice and MIB, Inc. Notice

Thank you for your application. It is the major source of information about you which we use in evaluating your application and reviewing your policy. However, we wish to inform you that an investigative consumer report may be ordered as to your insurability. If an investigative consumer report is prepared in connection with this application, you may request to be interviewed in connection with preparation of this report. This report may include, if applicable, information as to your character, general reputation, personal characteristics and mode of living as may be obtained through interviews with family members, friends, neighbors and associates. If you would like to know whether such a report was ordered and if so, receive additional information as to its nature and scope, including the name, address and phone number of the reporting agency, we will be pleased to furnish this information upon your written request to our Home Office at the address below. You may receive a copy of such report by contacting the reporting agency. Our experience shows that information from investigative reports does not have any adverse effect on our underwriting decision. However, if it should, we will notify you in writing of this fact as well as provide you the identity by name and address of the reporting agency. You may then wish to discuss the matter with that agency. We usually will not disclose information about you without your prior written authorization. However, in certain situations we may disclose some of this information about you to third parties having a business interest in an insurance transaction involving you, or having a contract with us to perform part of our insurance function. This could include disclosures to persons or organizations that will use the information for sales purposes, unless you indicate to us that you do not want the information disclosed for this purpose. You have the right to obtain access to certain items of information we have collected about you, and you have the further right to request correction of information if you feel it is inaccurate. If you wish to have a more detailed description of our information practices, we will be pleased to furnish this information upon request to our Home Office at the address below.

MIB, Inc. Notice

While the information regarding your insurability treated as confidential, Family Life or its reinsurers may make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange Bureau on behalf of its members. Should you apply for life or health insurance, or submit a claim for benefits to another member company, the Medical Information Bureau, upon request from that member company, will supply the information in its file. Upon written request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of the information in the Bureau's file, you may contact the Bureau and seek correction in accordance with the procedure set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information offices is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734, Telephone (866) 692-6901 (TTY 866-346-3642). We or our reinsurers may also release information in our file to other life insurance companies to whom you apply for life or health insurance or to whom a claim for benefits may be submitted.

To obtain further information contact:

Family Life Insurance Company

[10700 Northwest Freeway, Houston, Texas 77092]

Statement of Variability

1. The brackets around the Company address and officer's signatures allow for revised information to be inserted in the event these items are changed.
2. The brackets in the Policy Schedule and Table of Guaranteed Maximum Annual Premiums per \$1,000 allow for personalization of the policy issued to the Insured.

FAMILY LIFE

Scott M. Gadd
Compliance Technician

March 9, 2011

Arkansas Department of Insurance

Re: Family Life Insurance Company
NAIC#: 63053 Tax ID: 91-0550883
Endowment Life Policy Filing

Dear Sir/Madam:

The following forms are submitted for your review and approval. These forms are new and do not supercede any previously-submitted forms.

FTRML11	Term Life Insurance Policy
FAITR11	Additional Insured's Level Term Insurance Rider
FSPTR11	Insured Spouse's Level Term Insurance Rider

The following previously accepted forms may be issued with the policy (listed above) which is now being submitted.

FGADR24AR – Accidental Death Benefit Rider – Approved 09/03/03
FGCIB01 – Children's Term Insurance Rider – Approved 09/03/03
FGWPD01 - Waiver of Premium Disability Benefit Rider – Approved 09/03/03

In addition, the following forms are submitted for approval in a separate filing (SERFF CEUL-127071604; submitted March 9, 2011) that will be used for this policy.

The submitted forms include the application and questionnaires that may be used with the application depending on the circumstances of the applicant(s).

FL-LFAPP 0810	Application for Life Insurance
(The following are questionnaires that may be used in conjunction with the application, dependent on applicants circumstances.)	
FL-AUQ	Alcohol Usage Questionnaire
FL-5030	Business Insurance Questionnaire
FL-DUQ	Drug Usage Questionnaire
FL-MSG	Military and Sports Questionnaire
C-10	Supplemental Questionnaire

If you have any questions regarding this form or need additional information in order to complete your review, please call or contact me at the numbers/addresses below.

Sincerely,



10700 Northwest Freeway
Houston, Texas 77092
Email: sgadd@ManhattanLife.com

Phone: 713-529-0045 ext. 5107
Toll Free: 800-669-9030, ext. 5107
Fax: 713-821-6551



**LIMITATIONS AND EXCLUSIONS UNDER THE
ARKANSAS LIFE AND HEALTH INSURANCE
GUARANTY ASSOCIATION ACT**

Residents of Arkansas who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in Arkansas and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in Arkansas. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association
425 West Capitol Avenue, Suite 3700
Little Rock, Arkansas 72201

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals).
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract.

Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

ARKANSAS CERTIFICATION

Company Name Family Life Insurance Company

Form(s): FTRML11

FAITR11

FSPTR11

This submission meets the provisions of Rule and Regulation 19, "Unfair sex discrimination in the sale of insurance" as well as all applicable requirements of this Department.

Scott Gadd, Compliance Technician
Name and Title

3/22/2011
Date

<i>SERFF Tracking Number:</i>	<i>CEUL-127071743</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Family Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>48201</i>
<i>Company Tracking Number:</i>	<i>FTRML11</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Family Protection Select Term Life</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
03/09/2011	Form	Term Life Insurance Policy	03/22/2011	FTRML11.pdf (Superceded)

FAMILY LIFE INSURANCE COMPANY

Home Office: [Houston, TX]

Administrative Office: [10700 Northwest Freeway, Houston, TX 77092]
[(800) 877-7705]

When You die while this Policy is in force, We will pay the Face Amount to Your Beneficiary. Such payment will be reduced by any due and unpaid Premium.

We will increase such payment by:

1. The amount of any Premiums paid for periods beyond the policy month in which You die; and
2. The amount of any benefits provided by any Rider which is a part of this Policy.

TWENTY DAY RIGHT TO EXAMINE THIS POLICY

This Policy is a legal contract between the Owner and Us. READ IT CAREFULLY. The Owner has the right to return this Policy to Us at Our Administrative Office or to the representative who delivered it within 20 days after it was received. If returned, We will cancel this Policy and return any Premium paid. The Owner and We will then be in the same position as if no Policy had been issued.

In Witness Whereof FAMILY LIFE INSURANCE COMPANY has caused this Policy to be executed at its Administrative Office in [Houston, TX] to take effect on the Policy Date.

 [Mary Lou Rainey Secretary]	 [Dan George President]
---	---

TERM LIFE INSURANCE POLICY

LEVEL TERM RENEWABLE TO AGE 95. Convertible to Age 70. Insurance payable in the event of death before the Expiry Date. Premiums payable as shown in the Policy Schedule. Non-Participating. Annually Renewable after initial term until age 95 as provided in this Policy. Premium for Initial Term Period guaranteed as shown in the Policy Schedule.

This policy is a legal contract between the Company and the Owner. Please read it carefully. We want You to understand the coverage it provides.

Policy Contents

Policy Schedule	3
Table of Guaranteed Maximum Annual Premiums per \$1,000	4
Definitions	5
Brief Description	5
Premium Payment and Reinstatement of Lapsed Policy	5
Premium Adjustment Provision	6
Period During Which Coverage is Provided	6
Conversion Option	6
Beneficiary Provisions	7
Payment of Proceeds	7
General Provisions	7
Settlement Options	8

When writing to the Family Life Insurance Company, please include this Policy number, the Insured's full name, and the Owner's name and current address.

POLICY SCHEDULE

Annual Premium for Initial Term Period
[\$xxx.xx] *

Initial Term Period
[10; 15, 20; 25; 30] Years

Owner:
[Doe, John E.]

Policy Date:
[March 1, 2003]

Expiry Date:
[March 1, 2033]

Issue Age:
[35 Male]

Policy No.:
[12345678]

Premium Class:
[Preferred; Standard]

Underwriting Class:
[Nicotine; Non- Nicotine]

THIS POLICY

INSURES

[John E. Doe]

PROVIDES A BENEFIT OF

[\$100,000 - \$3,000,000
in increments of \$10,000]
Face Amount

OPTIONAL RIDERS

RIDER BENEFIT	RIDER AMOUNT	RIDER ANNUAL PREMIUM
Accidental Death Benefit (Insured Only)	[Minimum: Lesser of Policy Face Amount and \$250,000; Maximum: \$250,000]	[\$XX.XX]
Children's Insured Benefit [Mary Doe]	[1 – 10 Units]	[\$XX.XX]
Additional Insured Term Rider [Suzie Smith] Initial Term Period Expiry Date	[\$100,000 - \$1,000,000 in increments of \$10,000] [X Years (same as Initial Term Period for Policy)] [March 1, 2068 (same as Expiry Date for Policy)]	[\$XX.XX] during Initial Term Period for Rider
Spouse Term Rider [Jane Doe] Initial Term Period Expiry Date	[\$100,000 - \$1,000,000 in increments of \$10,000] [X Years (same as Initial Term Period for Policy)] [March 1, 2068 (same as Expiry Date for Policy)]	[\$XX.XX] during Initial Term Period for Rider
Waiver of Premium Rider		[\$XX.XX]

TOTAL PREMIUM DUE FOR POLICY AND ALL ATTACHED RIDERS

Annual [\$xxx.xx] *	Semi-Annual [\$xx.xx] *	Quarterly [\$xx.xx] *	Monthly [\$xx.xx] *
------------------------	----------------------------	--------------------------	------------------------

BENEFICIARY: As specified in the application unless changed as provided in this Policy.

*Includes \$[60-100] Annual Policy Fee

TABLE OF GUARANTEED MAXIMUM ANNUAL PREMIUMS PER \$1,000

Applicable after the Initial Term Period shown on the Policy Schedule

The Premiums shown below are per \$1,000 Face Amount shown in the Policy Schedule.

Attained Age	Male		Female		Attained Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine		Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
28	[\$4.32	\$6.12	\$3.51	\$4.26	61	41.82	75.78	27.48	40.08
29	4.32	6.18	3.60	4.44	62	46.26	82.77	29.94	43.17
30	4.32	6.30	3.72	4.65	63	51.33	90.96	33.03	47.34
31	4.41	6.51	3.81	4.83	64	57.06	99.42	36.69	51.99
32	4.50	6.72	3.93	5.04	65	63.39	108.87	40.65	57.21
33	4.65	7.05	4.05	5.25	66	70.20	118.71	44.91	62.37
34	4.83	7.44	4.26	5.58	67	77.58	129.03	49.23	67.74
35	5.07	7.89	4.41	5.82	68	85.50	139.65	53.58	72.60
36	5.31	8.43	4.68	6.27	69	94.14	150.96	58.23	78.06
37	5.64	9.12	5.01	6.84	70	103.89	163.44	63.60	83.85
38	6.00	9.90	5.37	7.47	71	116.73	177.27	70.02	91.35
39	6.42	10.80	5.79	8.19	72	127.68	192.99	77.97	100.65
40	6.87	11.82	6.24	9.00	73	142.32	210.69	87.66	111.99
41	7.41	13.02	6.78	9.99	74	158.76	229.98	99.06	125.22
42	7.95	14.25	7.32	10.92	75	176.40	251.31	111.96	139.92
43	8.58	15.66	7.86	11.88	76	195.18	273.30	126.12	155.76
44	9.21	17.13	8.40	12.84	77	214.92	295.56	141.33	172.38
45	9.96	18.81	8.97	13.83	78	235.41	317.73	157.59	189.69
46	10.77	20.49	9.57	14.85	79	257.16	340.47	175.35	208.23
47	11.64	22.32	10.23	15.93	80	281.01	364.77	195.36	228.78
48	12.57	24.24	10.95	17.04	81	307.56	391.23	218.28	252.00
49	13.62	26.40	11.70	18.24	82	337.56	420.60	244.77	278.52
50	14.73	28.68	12.57	19.62	83	371.37	453.09	275.28	308.61
51	16.05	31.32	13.50	21.00	84	408.33	487.47	309.09	343.95
52	17.58	34.26	14.55	22.56	85	447.60	522.60	346.14	379.26
53	19.29	37.62	15.78	24.39	86	488.40	557.34	385.74	419.37
54	21.27	41.40	17.04	26.25	87	530.37	591.18	428.13	458.01
55	23.46	45.42	18.39	28.20	88	572.67	628.11	472.83	501.69
56	25.89	49.77	19.77	30.15	89	615.87	664.56	520.53	543.21
57	28.47	54.27	21.15	32.01	90	660.57	701.07	571.17	591.03
58	31.26	59.07	22.47	33.75	91	707.52	738.36	625.74	642.00
59	34.41	64.05	23.88	35.55	92	758.25	777.99	685.80	697.62
60	37.92	69.57	25.53	37.53	93	814.89	828.90	754.20	760.65
					94	886.95	894.45	837.93	837.93]

Guaranteed Maximum Annual Premiums do not include \$[60-100] annual policy fee.

DEFINITIONS

In this Policy:

You, Your - The Owner of this Policy.

We, Us, Our, the Company - Family Life Insurance Company.

The Insured – The person whose life is insured under this Policy, as shown in the Policy Schedule.

Age – The Insured's age on his last birthday.

Lapse - Termination of this Policy for nonpayment of Premiums.

Policy Anniversary - The same day and month as Your Policy Date for each succeeding year Your policy stays in force.

Premium - The amount paid for coverage under this Policy.

Proceeds – The amount We are obligated to pay under the terms of this policy when the Insured dies.

Rider -An attachment to this Policy which provides additional benefits.

BRIEF DESCRIPTION

This Policy provides term life insurance to the Expiry Date as shown in the Policy Schedule. The amount of insurance is the Face Amount shown on the Policy Schedule. This Policy also provides for conversion to other plans of insurance offered by Us. Additional benefits, if any, are provided by Rider as shown on the Policy Schedule.

This is a brief description. The insurance is fully described in the various provisions of this Policy.

PREMIUM PAYMENT AND REINSTATEMENT OF LAPSED POLICY

Premiums - To keep this Policy in force, each Premium must be paid in advance. All Premiums must be paid at Our Administrative Office or to an Agent or cashier authorized by Us. We will issue a receipt signed by one of Our officers on request. The initial Premium is due on or before the Policy Date. Subsequent Premiums are payable while You are living and within the Grace Period, but not beyond the Expiry Date. If any Premium remains unpaid after the Grace Period, this Policy will Lapse. If a part of the Premium ceases to be payable under the provisions of a Rider, the Premium will be reduced accordingly. The frequency of Premium payment may be changed on any Policy Anniversary to any other frequency shown on Page 3.

Re-Classification Based on Nicotine Use Change – If the Insured is nicotine-free for at least 12 consecutive months, You may request a re-classification from a nicotine use class to a non-nicotine use class by completing a request form required by Us and by meeting Our underwriting criteria for re-classification in use at the time of this request.

Grace Period - We will allow a period of 31 days after the Premium due date for payment of each Premium after the first. During the Grace Period, no interest will be charged on the Premium due. If You die during the Grace Period before the Premium is paid, the portion of the Premium required to provide insurance from the Premium due date to the date of Your death will be deducted from the proceeds of this Policy.

Lapse – This Policy will Lapse if the Premium is not paid by the end of the Grace Period. We will mail a notice to the Owner's last known address and that of any assignee on Our records at least 30 days prior to Lapse. If this Policy Lapses, it will have no value.

Policy Date - The Policy Date will be used to determine the Premium due dates, policy anniversaries and policy years. The Policy Date is shown on Page 3.

Unearned Premium Refund – Upon cancellation of this Policy by the Owner, We will refund the unearned Premiums for the remainder of the term for which Premiums have been paid.

Reinstatement of a Lapsed Policy - If this Policy Lapses, it may be reinstated subject to the following conditions:

1. An application for reinstatement must be completed by You within 5 years of the date of Lapse and before the Expiry Date.
2. You must prove at Your own expense that You continue to be insurable by Our standards.
3. You must pay all Premiums due with interest at the rate of 6% compounded annually at the time of reinstatement.
4. The reinstated Policy will be incontestable after it has been in force during Your lifetime for two years from the date of reinstatement. Any contest to the reinstated policy will be based on material misstatements made in the application for reinstatement.

PREMIUM ADJUSTMENT PROVISION

The initial Premium is guaranteed not to change during the Initial Term Period shown on Page 3. This Premium is shown on Page 3. The Guaranteed Maximum Annual Premiums after the Initial Term Period are shown on Page 4. We may charge less, but will never charge more. We will inform the Owner before each policy year begins of the amount of the annual Premium for that policy year.

PERIOD DURING WHICH COVERAGE IS PROVIDED

The Initial Term Period begins on the Policy Date. The Initial Term Period does not include or extend beyond the Expiry Date shown in the Policy Schedule. This Policy may be renewed annually thereafter without evidence of insurability upon payment, within the Grace Period, of the Premium based on Your attained age at the time of renewal. Subject to the payment of Premiums as due, this Policy will remain in force between the Policy Date and the Expiry Date.

CONVERSION OPTION

While this Policy is in force, and before You attain age 70, You may convert it to any other plan of life insurance that We offer in Your rate class, except term, at the date of conversion. You must request conversion in writing. The initial Premium for the new plan must be at least equal to the Premium for this Policy at the time of conversion. The following rules will apply:

1. The face amount of the new policy may not be less than Our published minimum for the plan selected. It may not be greater than the Face Amount of this Policy. At least one plan will be available for conversion of the Face Amount of this Policy.
2. The date of the new policy will be the date of conversion.
3. The Premium for the new policy will be at Our published rate for the plan selected at the time of conversion. We will use Your age on the date of conversion to determine this rate. The new policy will be issued at the class of risk of this Policy. No evidence of insurability will be required for the new policy.
4. Riders may be added to the new policy if the Riders to be added are available at Your age on the date of conversion. Evidence of insurability must be furnished for Riders not similar to a Rider attached to this Policy.
5. This conversion privilege shall not apply while the Premiums for this Policy are being waived under any Rider for Waiver of Premium.
6. The suicide provision for the converted policy shall be measured from the original Policy Date of this policy.

BENEFICIARY PROVISIONS

Who Receives the Proceeds - Any proceeds payable because of Your death will be paid to the Beneficiary. Unless changed as provided below, the Beneficiary will be as stated in the application.

If the Beneficiary Dies - The interest of any Beneficiary who dies before You will terminate at his death. If the interest of all designated Beneficiaries has terminated, all proceeds, upon the death of the Insured, will be paid to the Owner of this Policy. If the Owner is not living at that time, all proceeds will be paid to the Owner's estate. If any Beneficiary dies within 15 days of Your death, We will pay the proceeds as though that Beneficiary died before You.

How to Change a Beneficiary - The Owner may change the Beneficiary by filing a written notice with Us. A change of Beneficiary will not be effective until We record it at Our Administrative Office. When recorded, even if You are not then living, the change will take effect on the date the notice was signed. Any proceeds paid before We record a change of Beneficiary will not be subject to change. An irrevocable Beneficiary may not be changed without that Beneficiary's written consent.

PAYMENT OF PROCEEDS

Proof of Death - If the Insured dies while this Policy is in force, We will pay the proceeds to the Beneficiary. We agree to pay the Proceeds upon receiving due proof of death of the Insured and proper written claim. We will pay interest on the Proceeds at the current rate, unless a higher rate is required by Your state of residence, if payment is not made within the statutorily allowed time period. Appropriate forms for giving Us proof of Your death will be made available to Your Beneficiary on request. All payments by Us are payable at Our Administrative Office in United States currency.

Premium Adjustment at Death - Any portion of a paid Premium which applies to a period beyond the date of Your death will be added to the proceeds of this Policy. Premiums waived under any disability Rider attached to the Policy will not be included in this adjustment.

GENERAL PROVISIONS

Incontestability of the Policy - We cannot contest this Policy after it has been in force during Your lifetime for two years from the Policy Date, except for the nonpayment of Premiums. If this Policy is reinstated, this provision will be measured from the reinstatement date and any contest will be based only on the statements in the reinstatement application. This provision does not apply to any Rider providing benefits specifically for disability or death by accident.

Amount Payable is Limited in the Event of Suicide - If You die by suicide within two years from the Policy Date or the date of reinstatement, Our liability will be limited to the amount of Premiums paid.

Misstatement of Age or Sex in the Application - If Your age or sex has been misstated, We will pay the amount of insurance that the Premiums would have purchased had Your age and sex been correctly stated.

Entire Contract - The Entire Contract consists of this Policy, the attached application, **and** attached Riders and endorsements. All statements in the application are considered representations and not warranties.

Policy Changes - Changes in this Policy may only be made by a rider or endorsement signed by one of Our officers.

No agent has the authority to change this Policy in any way.

Owner of the Policy - You are the Owner of this Policy unless a different Owner is stated in the application. If a different Owner is stated, such designation will remain in effect until the Owner changes it. If the Owner dies before You, the ownership rights belong to his or her estate. During Your lifetime, only the Owner will be entitled to the rights granted by this Policy.

Assignment of the Policy - This Policy may be assigned. We are not responsible for the validity of any assignment. When an assignment is filed with Us in duplicate and We have recorded it at Our Administrative Office, the Owner's rights and those of any irrevocable Beneficiary will be subject to it. Any assignment is subject to any action taken by Us before We receive and record it.

Nonparticipation – This Policy does not participate in the distribution of Our surplus. As a result, no dividends will be paid under this Policy.

Basis of Reserves - Reserves are calculated based on the 2001 Commissioners Standard Ordinary Mortality Table, Male or Female with distinction for smoker or nonsmoker and an interest rate of 4.0% per annum. A detailed method of computing reserves has been filed with the Insurance Department of the state where this Policy is delivered. All reserves are at least equal to those required by the laws of such State.

SETTLEMENT OPTIONS

GENERAL POLICY SETTLEMENT PROVISIONS

PAYMENT OF POLICY PROCEEDS. If the Policy proceeds are less than \$5,000, We will pay them to the Beneficiary in one sum. If the Policy proceeds are \$5,000 or more, We will pay them to the Beneficiary in one sum, unless one of the optional methods of Policy settlement is chosen. If any payment under an option would be less than \$50, We may make payments less frequently so that each payment is at least \$50.

CHOOSING AN OPTIONAL METHOD OF SETTLEMENT. At any time before the Insured's death, an optional method of Policy settlement may be chosen. If the Insured dies and an option has not yet been chosen, then the Beneficiary may choose an option. We must receive Written Notice informing Us of the option chosen. If the Beneficiary is an executor, administrator, trustee, corporation, partnership or association, the options are available only with Our consent.

FREQUENCY OF PAYMENTS. If Option 1, 2 or 3 is chosen, We will make payments every 1 year, 6 months, 3 months or 1 month. The frequency of payments must be specified at the time the option is chosen. If Option 4 or 5 is chosen, We will make payments every 1 month.

FIRST PAYMENT. Depending on the frequency of payments specified, the first payment under Option 1 is payable 1 year, 6 months, 3 months or 1 month from the date of the Insured's death. The first payment under any other option is payable upon receiving due proof of the Insured's death.

If the amount that could be purchased by a single premium of \$1,000 at Our regular annuity rates in effect at the time the first installment is payable is larger than the amount of the first monthly installment for each \$1,000 applied under Option 3, 4 or 5, We will pay the larger amount as the benefit under the option. We will furnish this amount upon request.

DEATH OF BENEFICIARY. At the Beneficiary's death, We will pay the amounts below in one sum to the Beneficiary's estate, unless We are directed otherwise at the time the option is chosen:

1. Under Option 1, the amount which was left on deposit with Us to accumulate with interest plus any unpaid interest.
2. Under Option 2, 3 or 5, the commuted value of the amount payable at the Beneficiary's death as provided under the option chosen. The commuted value will be based on interest at the rate which would have been used to compute the first installment of the installments remaining to be paid at the Beneficiary's death.

PROTECTION AGAINST CREDITORS. Unless provided otherwise at the time an option is chosen, the Beneficiary may neither commute, anticipate, assign, alienate nor otherwise encumber any payment under an option. Payments under any option are exempt from the claims of creditors and from legal process to the extent the law permits.

SETTLEMENT AGREEMENT. In exchange for this Policy, We will issue a settlement agreement stating the terms of the option chosen.

ADDITIONAL INTEREST EARNINGS. We may pay interest earnings beyond those guaranteed in Options 1 and 2. If We do, We will determine the amount of the additional interest earnings and how they are paid.

OPTIONAL METHODS OF POLICY SETTLEMENT

OPTION 1 - INTEREST PAYMENTS. We will hold the Policy proceeds as principal and pay the interest to the Beneficiary. The interest rate will be 3% per year compounded annually. We will pay the interest every 1 year, 6 months, 3 months or 1 month, as specified at the time this option is chosen. At the death of the Beneficiary, We will make payment as stated in "Death of Beneficiary."

OPTION 2 - INSTALLMENTS OF A SPECIFIED AMOUNT. We will pay the Policy proceeds to the Beneficiary in equal installments every 1 year, 6 months, 3 months or 1 month. The amount of the equal installment payments and the frequency of payments must be specified at the time this option is chosen. After each payment, We will add interest to that portion of the Policy proceeds applied under this option which has not yet been paid as installments. The interest rate will be 3% per year compounded annually. Installments will be paid to the Beneficiary until the amount applied under this option, including interest, is exhausted. The total of the installments paid each year must be at least 5% of the proceeds applied under this option. If the Beneficiary dies before the amount applied is exhausted, We will pay the unpaid installments as stated in "Death of Beneficiary."

OPTION 3 - INSTALLMENTS FOR A SPECIFIED PERIOD. We will pay the Policy proceeds in equal installments to the Beneficiary for the number of years specified at the time this option is chosen. Payments will be made every 1 year, 6 months, 3 months or 1 month, as specified at the time this option is chosen. The amount of the equal installments for each \$1,000 applied under this option is shown in the following table. These amounts are calculated at an interest rate of 3% per year compounded annually. If the Beneficiary dies before the number of years specified ends, We will pay the unpaid installments as stated in "Death of Beneficiary."

Number of years Specified	Amount of Installments		Number of Years Specified	Amount of Installments		Number of Years Specified	Amount of Installments	
	Annual	S.A.		Annual	S.A.		Annual	S.A.
1	\$1,000.00	\$503.70	8	\$138.31	\$67.67	15	\$81.33	\$40.96
2	507.39	255.57	9	124.69	62.81	16	77.29	38.93
3	343.23	172.89	10	113.82	57.33	17	73.74	37.14
4	261.19	131.56	11	104.93	52.85	18	70.59	35.56
5	211.99	106.78	12	97.54	49.13	19	67.78	34.14
6	179.22	90.27	13	91.29	45.98	20	65.26	32.87
7	155.83	78.49	14	85.95	43.29			

Number of years Specified	Amount of Installments		Number of Years Specified	Amount of Installments		Number of Years Specified	Amount of Installments	
	Quarterly	Monthly		Quarterly	Monthly		Quarterly	Monthly
1	\$252.78	\$84.47	8	\$34.96	\$11.68	15	\$20.56	\$6.87
2	128.26	42.86	9	31.52	10.53	16	19.54	6.53
3	86.76	28.99	10	28.77	9.61	17	18.64	6.23
4	66.02	22.06	11	26.52	8.86	18	17.84	5.96
5	53.59	17.91	12	24.66	8.24	19	17.13	5.73
6	45.30	15.14	13	23.08	7.71	20	16.50	5.51
7	39.39	13.16	14	21.73	7.26			

OPTION 4 - LIFE ANNUITY. We will pay equal monthly installments to the Beneficiary for as long as he lives. The amount of each installment for each \$1,000 applied under this option is shown in the table below. The values in the table are based on the Annuity 2000 Mortality Table at 3% interest.

Age* of Beneficiary	Option 4 Monthly Life Annuity		Age* of Beneficiary	Option 4 Monthly Life Annuity	
	Male	Female		Male	Female
16 and under	\$2.92	\$2.85	51	\$4.15	\$3.89
17	2.94	2.87	52	4.22	3.95
18	2.95	2.88	53	4.30	4.01
19	2.97	2.90	54	4.38	4.08
20	2.99	2.91	55	4.46	4.15
21	3.00	2.93	56	4.55	4.23
22	3.02	2.94	57	4.65	4.31
23	3.04	2.96	58	4.75	4.40
24	3.06	2.97	59	4.86	4.49
25	3.08	2.99	60	4.98	4.59
26	3.10	3.01	61	5.10	4.69
27	3.13	3.03	62	5.23	4.80
28	3.15	3.05	63	5.37	4.92
29	3.17	3.07	64	5.52	5.04
30	3.20	3.09	65	5.69	5.18
31	3.23	3.12	66	5.86	5.32
32	3.26	3.14	67	6.04	5.47
33	3.28	3.17	68	6.24	5.64
34	3.32	3.19	69	6.45	5.82
35	3.35	3.22	70	6.67	6.01
36	3.38	3.25	71	6.90	6.21
37	3.42	3.28	72	7.16	6.44
38	3.46	3.31	73	7.43	6.68
39	3.50	3.34	74	7.71	6.94
40	3.54	3.38	75	8.02	7.22
41	3.58	3.41	76	8.35	7.52
42	3.63	3.45	77	8.70	7.85
43	3.67	3.49	78	9.08	8.21
44	3.72	3.53	79	9.48	8.60
45	3.78	3.57	80	9.91	9.02
46	3.83	3.62	81	10.37	9.47
47	3.89	3.67	82	10.86	9.96
48	3.95	3.72	83	11.38	10.50
49	4.01	3.77	84	11.94	11.07
50	4.08	3.83	85	12.54	11.69

*Use the Beneficiary's age on the date of the Insured's death.

OPTION 5 - LIFE ANNUITY WITH 10 YEAR PERIOD CERTAIN. We will pay equal monthly installments to the Beneficiary for as long as he lives with a period certain of 10 years. If the Beneficiary dies before the period certain ends, the period certain installments which have not been paid will be paid as stated in "Death of Beneficiary." The amount of the equal monthly installments is shown in the table below. The amounts shown are for each \$1,000 applied under this option. The values in the table are based on the Annuity 2000 Mortality Table at 3% interest.

Age* of Beneficiary	Option 5 Life Annuity with 10 Year Period Certain		Age* of Beneficiary	Option 5 Life Annuity with 10 Year Period Certain	
	Male	Female		Male	Female
16 and under	\$2.92	\$2.85	51	\$4.11	\$3.87
17	2.93	2.87	52	4.18	3.93
18	2.95	2.88	53	4.25	3.99
19	2.97	2.89	54	4.33	4.06
20	2.98	2.91	55	4.41	4.13
21	3.00	2.92	56	4.49	4.20
22	3.02	2.94	57	4.58	4.28
23	3.04	2.96	58	4.68	4.36
24	3.06	2.97	59	4.78	4.45
25	3.08	2.99	60	4.88	4.54
26	3.10	3.01	61	4.99	4.63
27	3.12	3.03	62	5.10	4.73
28	3.15	3.05	63	5.23	4.84
29	3.17	3.07	64	5.35	4.95
30	3.20	3.09	65	5.48	5.07
31	3.22	3.11	66	5.62	5.20
32	3.25	3.14	67	5.77	5.33
33	3.28	3.16	68	5.92	5.47
34	3.31	3.19	69	6.07	5.62
35	3.34	3.22	70	6.23	5.78
36	3.38	3.24	71	6.39	5.94
37	3.41	3.27	72	6.56	6.11
38	3.45	3.30	73	6.73	6.29
39	3.49	3.34	74	6.90	6.48
40	3.53	3.37	75	7.08	6.67
41	3.57	3.41	76	7.25	6.86
42	3.62	3.44	77	7.43	7.06
43	3.66	3.48	78	7.61	7.26
44	3.71	3.52	79	7.78	7.46
45	3.76	3.57	80	7.95	7.66
46	3.81	3.61	81	8.11	7.86
47	3.87	3.66	82	8.27	8.05
48	3.92	3.71	83	8.42	8.23
49	3.98	3.76	84	8.56	8.40
50	4.05	3.81	85	8.69	8.55

*Use the Beneficiary's age on the date of the Insured's death.

FAMILY LIFE INSURANCE COMPANY

Home Office: [Houston, Texas]

Administrative Office: [10700 Northwest Freeway, Houston, TX 77092]
[(800) 877-7705]

LEVEL TERM RENEWABLE TO AGE 95. Convertible to Age 70.

Insurance payable in the event of death before the Expiry Date. Premiums payable as shown in the Policy Schedule. Non-Participating. Annually Renewable after initial term until age 95 as provided in this Policy. Premium for the Initial Term Period guaranteed as shown in the Policy Schedule.